FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

REPORT OF
DIVORCE GRANTED

Docket No. _____ Vol. _____ Page _____

COUNTY _____ Date of final decree _____ 19____

Date filed and recorded _____ 19____

Full name of husband _____ Address _____

Maiden name of wife _____ Address _____

Date married _____ Place married _____

Complainant _____ Was case contested? _____ To whom was divorce granted? _____

Grounds for divorce _____

Was alimony asked? _____ Granted? _____ No. minor children affected by decree _____

Was support money asked? _____ Granted? _____

REMARKS: _____

(Signed) _____
CLERK CIRCUIT COURT

Date _____ 19____

_____
ADDRESS

V. S. #400

MAKE REPORT 5TH OF EACH MONTH FOR PREVIOUS CALENDAR MONTH, TO
CENTRAL BURBAU OF VITAL STATISTICS
JACKSONVILLE, FLORIDA, BOX 210